

## Student Application Form | 2019 Middle School Promotion Program

Please select the program you wish to attend: Beechfield EMS Baltimore International Academy

The middle school promotion program, operated by Public Consulting Group (PCG), is a full day learning experience designated for students in grades 6-8 who have been retained in their current grade. Students will receive rigorous instruction in core academic subject areas (math, ELA, social studies, science) in the morning and participate in enrichment options in the afternoon (**students attending Title I schools only**). Students who meet the program requirements will be promoted to the next grade.

### CURRENT SCHOOL:

### CHILD'S INFORMATION

Last Name, First Name: \_\_\_\_\_ Grade Retained: (Circle one) **6** **7** **8**

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ School Student ID: \_\_\_\_\_

Ethnicity; (Pls. check one)  Multi-Racial  Black/African American  Hispanic/Latino  Caucasian (Non-Hispanic)  
 Native American or Aleut  Asian/Pacific Islander  Other : \_\_\_\_\_

Home Address of Child:  
 Street: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

IEP:  Yes  No English Learner:  Yes  No Gifted & Advanced:  Yes  No

### PARENT/GUARDIAN INFORMATION

*The parent(s)/guardian(s)/individuals listed below can be contacted in case of emergency.*

Parent/Guardian 1: \_\_\_\_\_ Parent/Guardian 2: \_\_\_\_\_

Last, First: \_\_\_\_\_ Last, First: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell/Other Phone: \_\_\_\_\_ Cell/Other Phone: \_\_\_\_\_

Allowed to pick up?  Yes  No Allowed to pick up?  Yes  No

### ADDITIONAL/BACKUP EMERGENCY CONTACT INFORMATION

Emergency Contact Name (Last, First)	Relationship to Child	Home Phone	Cell/Other Phone	Allowed to pick up?
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No

1. \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Other Phone: \_\_\_\_\_ Allowed to pick up?  Yes  No

2. \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Other Phone: \_\_\_\_\_ Allowed to pick up?  Yes  No

Person(s) NOT ALLOWED to pick up: \_\_\_\_\_

### CHILD'S TRANSPORTATION PLAN

*The transportation plan outlined below will be maintained in my child's file and is valid for the duration of the EPIC program. Any changes in the transportation plan must be stated in writing and given to PCG. Otherwise, the transportation plan below will be implemented.*

My child will **ARRIVE** to the program by (check one): \_\_\_\_\_ My child will **DEPART** from the program by (check one): \_\_\_\_\_

\_\_\_ Authorized drop-off to EPIC Program (Car Rider) \_\_\_ Authorized pick-up from EPIC Program (Car Rider)

\_\_\_ Unsupervised walk to EPIC Program \_\_\_ Unsupervised walk from EPIC Program

\_\_\_ Other \_\_\_ Other

### CHILD'S MEDICAL INFORMATION

Is your child on any medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Medication(s) taken at home	Side Effects
Are medications to be taken while at EPIC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Medication(s) taken at EPIC Program	Side Effects

If medications are taken during the program times, please complete the **Medication Consent Form. (SEPARATE FORM)**

List below any special limitations or concerns your child may have, such as dietary restrictions, **allergies** (including the reaction and treatment required should your child become exposed to the allergen), or chronic health conditions.

Allergies/Diet Restrictions (pls. specify) \_\_\_\_\_  NONE (please check if valid)

**Consent and Release Statement**

1. **Liability Release:** For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, \_\_\_\_\_, as parent or legal guardian of \_\_\_\_\_ ("Child") hereby grant the permission necessary to allow Child participate in the above **EPIC Middle School Promotion Program** (the "Program") as well as any Program field trips to be conducted by Public Consulting Group, Inc. ("PCG") or its affiliates. I, on my own behalf and on behalf of Child, agree to release and to hold harmless PCG, the premises where the Program will occur (the "Location"), PCG's affiliates, including but not limited to University Instructors, Inc. ("UI"), and the respective directors, officers, representatives, members, agents, and employees of such parties (hereinafter collectively "Releasees") from any and all liability whether caused by the negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost, and expenses (including, without limitation, attorney's fees and costs) arising out of or connected with the Program, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic, and/or death) that Child may incur or sustain during the Program, all activities associated with the Program and while traveling to and from the Location, whether or not the Program actually occurs. I further expressly agree to indemnify and hold harmless Releasees and their heirs, successors, assigns, executors, and administrators against loss from any further claims, demands, or actions that may subsequently be brought by Child or by any other persons on the account of any damages resulting to Child in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss or costs Releasees may have to pay as a result of any such action, claim, or demand. I hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I am aware that this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I further acknowledge that nothing in this Liability Release constitutes a guarantee that the Program will occur. I have signed this document voluntarily and of my own free will. **Signature of Parent or Legal Guardian:** \_\_\_\_\_

2. **Medical Release:** I, on my own behalf and on behalf of Child, acknowledge and agree that participation in the Program may subject Child to the possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I acknowledge that Child is assuming the risk of such illness or injury by participating in the Program. In the event of such illness or injury, I, on my own behalf and on behalf of Child, authorize PCG to obtain necessary medical treatment of Child and hereby, on my own behalf and on behalf of Child, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Child for any illness or injury that Child may sustain during the Program and while traveling to and from the Location, whether or not the Program actually occurs. Further, I certify that all provided information is correct and that Child is fully able to participate in all Program activities without need of individual or specialized attention or medical regimen. I agree to notify PCG of any changes in Child's physical or mental health between registration and the start of the Program, as well as during the Program.

3. **Appearance Agreement:** I understand that as a participant and/or a spectator at the Program, Child may be included in video, photographs, DVDs, podcasts, and videocasts taken during the Program. I, on my own behalf and on behalf of Child, hereby assign, transfer, and grant to PCG, its affiliates, successors, assignees, licensees, and all other commercial exhibitors the exclusive right to photograph and/or videotape Child and to utilize such videotapes and photographs and Child's name, face, likeness, voice, and appearance as a part of the Program, in advertising and promoting the Program or in advertising and promoting similar future events and for any use or purpose whatsoever and without reservations or limitations. I further understand that neither PCG nor any third party is under any obligation to exercise any of the foregoing rights, licenses, and privileges. I, on my own behalf and on behalf of Child, waive any right to inspect or approve the copies of any promotional materials related thereto.

4. **Program Rules:** I acknowledge and understand that PCG has established rules and regulations pertaining to conduct, behavior, and activities of all Program participants, by which Child and I agree to abide during the Program, and that Child and I will be responsible for his/her/my failure to abide by those rules and regulations as expressed in the Program Handbook & Expectations that will provided during the first week of the Program. Child and I understand that violation of the rules can result in dismissal from Program with no refund.

5. **Transportation:** I understand that daily transportation to and from the Program is not provided, and that only aforementioned authorized persons will be allowed to pick up Child. I understand that I will be responsible for daily transportation for Child both to and from the Program.

6. **Communications:** I hereby grant PCG and its affiliates permission to contact me (using telephone, email, mail, SMS text message, or Robo-call via telephone or email) using the contact information above about the status of enrollment, Child's attendance, upcoming PCG events and programs, schedule changes, and program updates.

I, on my own behalf and on behalf of Child, hereby warrant that I have read this Consent and Release Statement in its entirety and fully understand its contents. I, on my own behalf and on behalf of Child, am aware that this Consent and Release Statement releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, on my own behalf and on behalf of Child, further acknowledge that nothing in this Consent and Release Statement constitutes a guarantee that the Program will occur. I, on my own behalf and on behalf of Child, have signed this document voluntarily and of my own free will and certify that all information that has been provided is correct to the best of my knowledge.

<b>Parent/Guardian Printed Name</b>	X		
<b>Parent/Guardian Signature</b>	X	<b>Date</b>	X

**Please bring this completed application to the summer program site you wish your child to attend June 25-27, 9am – 4pm  
With a \$25.00 cashier's check or money order.**

**PCG WILL CONTACT YOU TO CONFIRM YOUR CHILD'S ENROLLMENT.  
THANK YOU FOR CHOOSING PCG EPIC Summer Program!**